

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: TRANSMITTER FOR LOW VOLTAGE  
DIFFERENTIAL SIGNALING

Attorney Docket Number:: 021803-4.00US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Turkey  
Status:: Full Capacity  
Given Name:: Hakan  
Middle Name::  
Family Name:: Oner  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2101 Sonador Commons  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95128

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Hakan  
Middle Name:: Ates  
Family Name:: Gurcan  
Name Suffix::  
City of Residence:: Los Gatos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 135 Old Orchard Court  
City of Mailing Address:: Los Gatos  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95032

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ismail  
Middle Name::  
Family Name:: Okter  
Name Suffix::  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 12154 Terrence Ave.  
City of Mailing Address:: Saratoga  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95070

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Assignee Information**

Assignee Name:: Decicon, Inc.  
Street of mailing address:: 1150 North First Street, Suite 140  
City of mailing address:: San Jose  
State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95112